

NEBRASKA

Good Life. Great Mission.

DEPT. OF HEALTH AND HUMAN SERVICES



Pete Ricketts, Governor

December 23, 2016

Patrick O'Donnell
Clerk of the Legislature
P.O. Box 94604
State Capital 2018
Lincoln, NE 68509

Dear Governor Ricketts:

The Neb. Rev. Stat. section 68-1518 requires the Department of Health and Human Services to provide an annual report to the Legislature and the Governor regarding the Disabled Persons and Family Support Program. The report is to detail the use of funds appropriated under this act and the outcomes achieved from such use.

The attached report fulfills that statutory mandate. We appreciate the opportunity to share with the Governor and the Legislature the important work done on behalf of Nebraska family caregivers and recipients of the services.

Sincerely,

A handwritten signature in black ink, appearing to read "Douglas J. Weinberg".

Douglas J. Weinberg, Director
Division of Children and Family Services
Department of Health and Human Services

Enclosure

FY 2016 Annual Report
Disabled Persons and Family Support Program

Prepared by Nebraska Department of Health and Human Services pursuant to
Neb. Rev. Stat. § 68-1518

December 2016

This report highlights the number of disabled persons applying for support, the number receiving support, the types of services and supports applied for and provided, and the effects of the support provided to the disabled and their families pursuant to sections 68-1501 to 68-1519. The Nebraska Department of Health and Human Services (DHHS), Division of Children and Family Services, was responsible for program oversight covering the period July 1, 2015 to June 30, 2016.

The Disabled Persons and Family Support (DPFS) Program provides state-funded assistance to individuals of all ages statewide who meet specified income and disability criteria. The program assists people with disabilities to remain employed, maximize their independence, and remain in their homes with their families. Eligible individuals may receive funding up to \$300 a month or \$3,600 annually for services such as personal care, housekeeping, transportation, special equipment, and vehicle or home modifications. The Program does not operate as an entitlement and services are intended to supplement, but not replace or reduce the responsibility for the services and supports available through other programs for which the family or person with a disability is eligible or may be eligible such as Medicaid, Social Services Block Grant or other programs with federal funding.

Mission:

The goals of the program are to assist employed adults with disabilities, help families stay together, and help individuals with disabilities to live independently. The program serves individuals meeting the following: have a medically determinable severe, chronic disability; a demonstrated need for service; income below Nebraska median family income; and insufficient resources to provide for the total cost of care for the family member with a disability.

History:

Legislation was enacted in 1981. Nebraska State Statute Sections 68-1501 through 68-1519, regulation citation NAC Title 472.

Title 472 NAC 2 defines the three populations of clients served:

1. Employed disabled clients;
2. Disabled clients with caregiver relatives; and
3. Disabled clients in independent living situations.

❖ **Number of Persons Applying for and Receiving Support**

122 persons were served and billed for authorized services July 1, 2015 through June 30, 2016 at a cost of \$61,228.25 in general funds of the annual \$910,000.00 budget allocation. Funding for DPFS has remained level since 1988.

Total gross monthly income guidelines based on family size:

Family Size of 1	\$1,364
Family Size of 2	\$1,784
Family Size of 3	\$2,203
Family Size of 4	\$2,623

Ages of Clients	# of Persons	Living Arrangement
Children (Birth-18)	3	Child Living with Bio Parents
Adults (19-59)	4	Adult Living with Spouse
	8	Adult Living with Relative
	18	Adult Living Alone
	1	Adult Living with Unrelated Adult
Elderly (60+)	3	Elderly Living with Unrelated Adult
	14	Elderly Living with Spouse
	20	Elderly Living with Relative
	51	Elderly Living Alone
Total	122	

❖ **Yearly Unduplicated Counts (individuals not counted in more than one age category)**

	Open	Deny	Close	Total
Children (Birth-18)	0	2	1	3
Adults (19-59)	3	22	8	31
Elderly (60+)	17	62	13	88

❖ **Closed or Denied Reasons**

Over Resources	3
Over Income	15
Other Government Programs Available	21
No DPFS Need	9
No Current Application	7
Institutionalized	2
Deceased	3
Client's Request	3
Application Requirements Not Met	49
Total Closed or Denied	112

❖ **Special Needs Reported (not unduplicated)**

Alzheimer's Disease and Dementia	4
Arthritis or Other Joint Problems	9
Blood problems	1
Brain Injury, including Stroke	4
Cancer	2
Chronic Obstructive Pulmonary Disease	7
Chronic Pain	2
Heart Disease or Heart Condition	3
Deaf-Blindness-Visual Impairments	5
Depression and Other Diagnosed Mental Illness	3
Diabetes – Type I & Type II	8
Intellectual Disability or Developmental Disability	1
Kidney Disease & Renal Failure	6
Lupus	1
Multiple Impairments unspecified	7
Neurological Diseases	3
Orthopedic Impairments	4
Other Health Impairments	10
Respiratory System Disorder	1
Speech-Language Impairments	2
Urologic Diseases	2
Unreported	80

❖ **Program Eligibility and Services**

1. Disability for this program means a medically determinable, severe, chronic condition which is attributable to mental and/or physical impairments, is likely to continue indefinitely, results in substantial functional limitations in two or more areas of major life activities (self-care or personal care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, work skills or work

tolerance, and economic sufficiency). To meet the disability requirement an individual must provide supportive medical information and a Program Service & Device Application Self-Assessment to determine severity of chronic disability and Program service need. The required Program Disability Report has to be completed by a licensed healthcare professional providing documented, detailed information to support and supplement an individual's self-report of need.

2. Program staff carefully reviewed and drafted Title 472 regulations that are currently in the DHHS Rulemaking Process to more closely align with statutory intent, the needs of persons with disabilities seeking Program services and to help prevent or delay the need for and utilization of other more costly programs. The promulgated regulations have not been significantly revised since 1988. Implementation of a quality assurance improvement process resulted in identifying applicants and clients able to be served through other Department federally funded programs, which has reduced the number served through this program from traditional referral sources. New referral relationships are being established through outreach opportunities targeting underserved populations addressed in statute but not previously a focus of the Program. FY 2016 utilization numbers reflect a major shift in the need to improve outreach efforts to increase Program awareness within the Department and among community partners.

Support; supplemental to other programs; availability of other programs; department; duties. The support available under sections 68-1501 to 68-1519 shall be supplemental to other support programs for which the family or disabled person is eligible and is not intended to reduce the responsibility for the provision of services and support by such other programs. The department shall (1) determine whether any request under sections 68-1501 to 68-1519 is appropriate to and available from other support programs, (2) deny any request if the requested assistance is appropriate to and available from other support programs, and (3) provide information and referral to all families and disabled persons whose request for assistance was denied pursuant to this section on the procedure for applying for other appropriate and available support programs.

Source: Section 68-1510 of the Disabled Persons and Family Support Act, 1981.

DPFS assistance enabled individuals to remain at home as independently as possible, thereby reducing institutional costs funded by other programs. The types of services provided are presented in the following table:

DPFS Services	# of persons (not unduplicated)
Architectural Modifications	1
Home Delivered Meals	3
Housekeeping	26
Incontinent/Medical Supplies	3
Medical Mileage	3
Personal Care	34
Special Equipment	1
Transportation (Commercial Travel)	1

DPFS is a client-directed program that by state statute requires the client or his/her authorized representative to hire and fire providers based on personal satisfaction with service delivery. The U.S. Department of Labor Home Care Rules, Fair Labor Standards Act (FLSA) effective January 1, 2015, regarding overtime pay and protections to home care workers was reviewed and determined to not apply to DPFS providers.

In assessing client needs for Program services, personal care need and personal care services receive priority. Personal care includes assistance with essential daily activities such as bathing, dressing, eating and preparing meals, grooming/dressing/hygiene, toilet use, mobility, transferring, and medication management. Level of cognitive need and memory support is critical.

Routine light housekeeping for adults with disabilities living alone and unable to perform these activities means help is needed with laundry, vacuuming and dishes; tasks necessary to maintain the client in a healthy and safe environment because of a disability. This service has a monthly cap of \$50 for an individual or married couple.

In previous years, architectural modifications and vehicle modifications absorbed approximately one-fourth of the program budget. However, file reviews demonstrated many of the clients authorized for funding were actively receiving services from other federally funded programs and DPFS was a co-funding source only. Assistive Technology Partnership administrative costs for assessment and project oversight, which had not previously been charged to this program, was determined prohibitive. Beyond discontinuing co-funding assistive technology with federally-funded programs, the following process revisions were made for architectural modification requests. As a client-directed program, before DPFS funds are approved the client and/or authorized representative is now required to:

1. Obtain and submit two bids for project;
2. Verify funding is secured for home modification in excess of the \$3,600 allowable Program costs;
3. Demonstrate how excess costs will be paid;
4. Own the home or provide landlord approval documentation; and
5. Assume liability for project and responsibility for quality of work.

As a result of the administrative decisions made in June of 2014 to no longer co-fund home modifications, referrals for modifications have significantly diminished to almost zero. The cost of even basic home modifications typically exceed Program funds set by statute of \$3,600 per eligibility year. Callers requesting assistance and community partners both advise it is not worth their time to apply for the Program and be denied eligibility when their need is an architectural modification to access their primary residence. Only one individual in FY 2016 was able to complete a project with the supplemental assistance of family members who were professional builders, friends and volunteers.

Incontinent Supplies includes diabetic supplies, ostomy supplies, incontinent supplies and disability-related medical supplies and physician-prescribed prescriptions or over the

counter medications supported by the eligible individual's current Disability Report and Service & Device Application – Self Assessment not covered by insurance, Medicaid and/or Medicare.

Transportation and Lodging are for non-emergency medical needs only related to the reported disabling condition for medical evaluation or treatment. Reimbursement requires detailed, DHHS-approved documentation.

❖ DPFS Client, Provider Files and Payment

The CONNECT Database system (administered by the Office of Communications and Information Officer – OCIO) supports monitoring client eligibility and provider payment/client reimbursement of DPFS authorized services. Programming revisions were made during FY 2016 to support online recordkeeping, eligibility determination and a quality improvement process. An increase in the number of applications and billing documents received through a designated program-specific email improved staff efficiency and timeliness in processing program applications and billing documents. Active programming is nearing completion to provide applicants with an online application submitted directly to the Department CONNECT system. The application is designed with self-populating fields for clients completing an annual review application. This enhanced feature will improve Program staff efficiency by eliminating the manual steps of application data entry, scanning and uploading to the CONNECT system from paper or electronically-received documents.

Claims are processed at Central Office with the State accounting system, Enterprise One system, and include a three-level claims payment approval process by a Payment Reviewer, Program staff, and Program Manager to validate accuracy. Several updates were made during FY 2016 to client and provider communications to facilitate improved efficiencies in payment accuracy and timeliness.

❖ Effects of Support on Clients with Disabilities and Their Families

The following case synopses illustrate the impact of the Disabled Persons and Family Support Program for five clients. Individuals served by the Program have differing personal situations and may have service needs that vary in scope, amount, and duration. These examples demonstrate how services are used and are coordinated with other types of assistance to meet the clients' specific needs.

Client 1 – Female, age 71, lives alone in eastern Nebraska. She has multiple medical diagnoses, including mental illness. Co-pay requirements create a financial hardship on a fixed income. Unreimbursed out-of-pocket expenses help with financial eligibility for the Program. This individual receives assistance in paying for incontinence supplies and medical supplies.

Client 2 – Female, age 79, lives alone in rural western Nebraska. She has lost her vision due to advanced macular degeneration. Parkinson's disease, severe arthritis, heart problems and hypertension limit her mobility and independence. Help from family has not been available on a consistent basis. For the past seven years she has been

determined eligible for assistance with personal care needs and housekeeping. DPFS has supported her choice to remain in her own home despite multiple hospitalizations.

Client 3 – Male, age 66, lives with relatives in an urban community. He receives assistance with personal care and special equipment to assist with multiple health impairments including neurologic disorders, coronary heart disease and chronic pain. Family caregiver receives support through dual eligibility with the Lifespan Respite Subsidy Program.

Client 4 – Female, age 68, lives alone in a small town. Three years ago she had a stroke which left her paralyzed on her right side and she now tires easily. Her short-term memory problems affect when she takes her medications or remembering she has medical appointments. She is no longer able to drive or manage her finances. Her daughter helps all she can and is appreciative of the \$300 monthly support her mother receives for help with personal care and housekeeping tasks.

Client 5 – Female, age 85, lives alone in Grand Island. DPFS provides funding to allow her to direct a provider to assist her with bathing, dressing and help with meal preparation. She has medical issues related to arthritis, visual impairments and complications with diabetes. She is able to remain in her own home with the assistance of the program.

❖ Proposals for amendment of sections 68-1501 to 68-1519

No amendments to the DPFS statutes are proposed. However, as identified in report narrative, program staff are actively pursuing regulation changes to better reflect statutory intent and to increase the number of individuals with disabilities eligible for Program support so they remain independently living in their home and community.

Respectfully Submitted by:

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